



Airport Leasing Office
6450 Airport Way, Suite 1
Fairbanks, AK 99709
Telephone: (907) 474-2520
Fax: (907) 474-2570

State of Alaska
Department of Transportation & Public Facilities
Fairbanks International Airport

Application for Air Carrier Agreement or Terminal Lease

Date: _____		ADA- _____	
1. Name of Applicant: _____		2. Telephone No.: _____	
3. Mailing Address: _____ _____		4. Fax No. _____	
6. Name to appear on Agreement: _____		5. Email: _____	
8. Address to appear on Agreement: _____ _____		7. Telephone No. _____	
11. Billing Address: _____ _____		9. Fax No.: _____	
13. Desired Begin Date: _____ End Date: _____		10. Email: _____	
15. Type of agreement requested: <input type="checkbox"/> Operating Agreement		12. Incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Operating Permit		Where? _____ When? _____	
<input type="checkbox"/> Commuter Lease		14. Registered in the State of Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Description of area requested. If no room number exists, attach a drawing showing proposed location & dimensions. _____ _____ _____		17. List all activities or business functions proposed: _____ _____ _____	
18. Is this intended as a competing application in response to a current public notice? <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. If yes, enter file number and property description:		File Number: ADA- _____	
		Property Description: _____	
20. Does applicant plan to operate a one or more aircraft of FAA Design Group II or larger or having a CMGTW of 12,500 pounds or more, making not less than one landing at the airport each week of each year and, for passenger operations, operating according to a published schedule that includes dates or times, or both, that is openly advertised or otherwise publicly available in advance via printed or electronic media? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach a copy of flight schedule.			
21. List on the back of this application the number, type, configuration, number of seats, and CMTGW of aircraft the applicant intends to operate on the airport.			
22. <u>Application Fee</u> : All applications must be accompanied by a \$25.00 non-refundable application service fee (Government agencies are exempt). Checks should be made payable to "State of Alaska." If you have an existing account with us, you may request that this fee be billed to your account.			
23. <u>Agreement Fees</u> : A current fee schedule is available from the Leasing Office.			
Signature: _____		Title: _____	
Print name: _____		Date: _____	



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LIST THE NUMBER, TYPE, CONFIGURATION, NUMBER OF SEATS, AND CMTGW OF AIRCRAFT THE APPLICANT INTENDS TO OPERATE ON THE AIRPORT:

<u>No.</u>	<u>Type</u>	<u>Configuration</u>	<u>No. of Seats</u>	<u>CMGTW</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INSTRUCTIONS AND INFORMATION FOR APPLICANTS

1. The State reserves the right to return incomplete applications or request additional information, including financial statements, during the application process.
2. The airport manager shall give the public at least 30 days notice before executing an agreement for use of airport property with a term of 120 days or more, and at least 7 days notice for use of airport property with a term of 120 days or less. Public notice is **not** required if the application is
 - (1) from a state agency for a use that the airport manager finds to be in the best interest of the airport;
 - (2) for a right of way for a road or utility, including FAA utilities, that will serve the airport or airport tenants;
 - (3) for an agreement entered into under 17 AAC 42.040 (*for an air carrier agreement*) and the applicant does not request a lease of department-operated terminal space; or
 - (4) for a permit for use of airport property for 30 days or less.
3. **Insurance Requirements:** Lessees will be required to provide evidence of adequate and appropriate liability insurance coverage protecting both the State and the lessee on an occurrence policy form covering all operations by or on behalf of the lessee with combined single limits not less than \$1,000,000 each occurrence or such higher limits as the lessor reasonably finds necessary to provide adequate and appropriate coverage for the risks posed by the lessee's use of the premises and activities at the airport.

Such insurance shall name the lessor as an additional assured or contain a waiver of subrogation endorsement in favor of the lessor and shall provide that the insurer must notify the lessor at least 30 days before any termination, cancellation, or material change in such insurance coverage.

Specific insurance requirements will be determined by the nature of the proposed activity described in this application.